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any rate. It is probably impossible to fix upon any act so vicious and eccentric that, taken by itself, it could prove insanity, unless it be an involuntary result of neural disease. He must not build theories from above downward, like the architects of Laputa. Medical experts have little weight with juries, and the author would not submit questions of sanity to experts, nor distinguish very sharply between mental, moral or legal insanity. Goethe was right that nothing brings us nearer to insanity than distinguishing ourselves above others, and nothing keeps us sane better than general intercourse with many and often common people. Monomanias, moral and impulsive forms of insanity, which make most trouble in courts, are fullest treated.

Psychiatrische Vorlesungen. Von V. MAGNAN. Leipsic, Heft I., 1891; II., and III., 1892; IV., and V., 1893.

These between three and four hundred pages of the distinguished Belgian alienist contain all his more original papers, about twenty in number, and are translated into German by P. J. Möbius. Most were originally printed from students' notes. Professor Magnan, as is well known, has won his enviable reputation chiefly by his valuable work on the border-line phenomena and cases. It is impossible to do justice to these meaty papers in a brief notice. The best of them, to our thinking, are the lectures on chronic delirium with systematic evolution, which the German school prefer to call *paranoia completa*. His study of degenerate types has never been surpassed. Sexual aberrations, dipsomania, the childhood of criminals, morbid impulses to purchase things, gambling, onomatomania, intermittent phenomena, hallucinations of the right and left brain, heredity,—these are some of the special topics. The author is at his best in casuistic analysis, where, if he is not so minute as Kandinski, his penetration extends in more directions. Our own American Dr. Cowles, however, compares favorably with either of them, so far as he has published.

Ueber die Bedeutung der psychiatrischen Unterrichts für Heilkunde. Antrittsrede in Utrecht. DR. C. WINKLES. 1894, pp. 92.

The psychiatrist fights degeneration and to correct heredity. He must touch hands with the general practitioner on the one hand and with the spiritual office on the other. Degeneration on all hands, due to alcohol, opium, prostitution, anti-hygienic lives, abounds more and more. Every medical student must study psychiatry and hygiene. Doctors used to treat diseases as ontological entities, now they treat patients. They must learn to individualize; and their motto must be *minister non magister naturæ*. Not only persons but individuals are unique. Bertillon never failed to identify his man among 120,000 by the few small parts of the body he tested. Most individual is the nervous system. Psychiatry is no longer unskilled labor, but it has not yet attained due prominence in medical education. Defenses of it have been usually regarded as *oratio pro domo*. Science must not ride so high a horse that it cannot see the ground under it. Doctors have lectured at the sick bed on the anatomy of the brain, general psychology, pathology and even philosophy. Experts differ nowhere so much in court as on questions of sanity. Materialists and spiritualists as such are an anachronism. It was psychiatrists like Meynert, Forel, Gudden, Charcot and Flechsig who gave us the key to the architecture of the brain, and not the anatomists. The sick bed must not be neglected for the laboratory. The old divisions of diseases into

those of the peripheral nerves, spinal cord and brain, are obsolete—since Ramon y Cajal. The nervous system is made of superposed layers of reflex mechanism; each layer has its diseases, and each disease destroys some reflex function. Brain pathology and psychiatry must go together. With institutions for private treatment, psychiatry spoke its first serious word concerning daily life. “Normal personality” is a contradiction in terms. Each is a norm to himself. Men are not responsible for their environments or for their own organization. The root distinction of all is between hereditary and non-hereditary psychiatric forms. The psychiatrist, like the doctor, must study human degeneration in its largest aspects. The disinherited, the disequibrated of all types and degrees are the alienist’s peculiar care. He must know every type of degeneration, and collect pedigrees of all his subjects. Knowledge of symptoms of degeneration must become common knowledge. Our ancestors have left us deadly poisons as well as civilization. Wars kill the able-bodied, and weaklings are exempt. Cities rot masses of men, and charity preserves the weakest. Degenerate men and women are mutually attracted, and the stock thus happily dies out. Alcohol use, institutionalized monstrosities increase. Hygiene should teach all this. The test of science is what can it contribute to arrest this tide. The clinic is the school to know and learn to fight degeneration. Doctors should be consulted about marriage, and he should boldly oppose ill-advised unions. The clinic teaches suggestions, spiritism, subtle hysterical symptoms, that psychic blindness is simulation. Judges should see criminal brains. The ideal psychiatrist will study education,—especially that of defectives,—will be a father confessor of youth and maiden, a shepherd of souls for the sick, criminal, and for all at every important crisis of life, will see some good in the worst and some bad in the best. This is far beyond the tedious disputes about responsibility. Common types of degeneracy are hysterical cases with outer-suggestion, self-sacrificing, ecstatic, their brain cobwebs held to be real, with whimsical sympathies and antipathies, always oscillating between extremes; neurasthenics, who always procrastinate, who cannot concentrate, with anxieties, imperative ideas, frequent sex perversions and everlasting relaxation; the introverted hypochondriac, who develops illusions out of his somatic sensations; the impulsive epileptic, quick in anger, irritable and indolent, mystic and morally defective; political agitators, geniuses, etc. The hygienist, with microscope in one hand and organic chemistry in the other, must bravely war upon all these, and behind and above him must stand the psychiatrist.

Les Grands Aliénistes Français. Par le DR. RENÉ SEMELAINNE. Paris, 1894, pp. 409.

This is the first volume in a series, and treats of Pinet, Esquirol, Ferras, Fabret, Voisin and Georget. Full page portraits of each are given. The biographies and accounts of the reforms and theories of each are well given.

Die Paranoia, eine Monographie. Von DR. C. WERNER. Stuttgart, 1891, pp. 239.

Twenty-two pages of history, summarizing all accessible literature up to date. Sixty-four pages of general matter on duration, cause, authority, prognosis and treatment, and the rest devoted to thirty special type cases, classified into primary and secondary paranoia, and the primary cases sub-divided into simple acute,

simple chronic, acute with hallucinations, and chronic with hallucinations. The secondary forms are divided into post-melancholic and post-maniacal.

Grundriss der Sprachstörungen, deren Ursache, Verlauf und Behandlung. Von DR. LEOPOLD TREITEL. Hirschwald, Berlin, 1894, pp. 100.

The author attempts to give a general view, neither too comprehensive nor too theoretic, for the general practitioner, and even germanizes many of the technical terms for the benefit of the general reader. Some points, *e. g.*, congenital aphasia and hysterical halting, are treated quite fully. Stammering and stuttering and deaf mutism occupy considerable space. On the whole the brochure adds little or nothing new, the literature at the end is very incomplete, and the eight-page chapter on the origin of language is hardly less than puerile.

Ueber Gesichtsfeld-Ermüdung, etc. Von DR. WILHELM KOENIG. Leipsic, 1893, pp. 152.

This is a laborious investigation by an assistant physician in the lunatic asylum at Dalldorf, to show the relation of retinal fatigue to the concentric shrinking of the field of vision in diseases of the central nervous system, and seems to have been prompted by the classic work of Willbrand on visual disturbances in functional nervous troubles. The latter was based on observations in an ophthalmological polyclinic, and the two together constitute most of our best material upon this topic, which is no less interesting and important than it is new. In all, data from 96 men and 118 women were used. The patient was placed, clad in black, between two windows, with his back towards them and facing a perimeter. Often two papers, each with a different color, were used. Förster's dimensions for retinal limits are assumed as normal, and tests were made for white and the primitive colors, not only on the vertical and horizontal, but in some cases on all nineteen of the radii. The casuistic material is first described in detail for both positive and negative results, in cases of simple psychic disturbance, hysteria, epilepsy, chronic and alcoholic epilepsy, paralytic dementia, organic diseases of the brain, and post-traumatic diseases. Of all cases, seventy-four showed limitations of the retinal field, hysteria leading, and organic brain diseases and chronic alcoholism having least. The temporal side was more often affected than the nasal. In the course of the experiment the limitation often improved. The neurasthenic enlargement of the blind spot was also greatest at first and was more often temporal. If the limitation is monocular, it is assumed to be retinal; if binocular, it is probably central. Of the seventy-four negative cases only twenty-three showed reduced acuteness of vision.

Lehrbuch der Krankheiten der Nervensystems, für Studierende und Aerzte. By DR. ARMAND HÜCKEL. Leipsic, 1891, pp. 303, 29 cuts.

The author's ideal is condensation. This he seeks to secure by dividing his material into a general introductory part, treating disturbances of mobility, sensation, nutrition and of innervation of blood vessels, and a special part. The latter treats of the diseases of the peripheral nerves, nerve by nerve and often muscle by muscle, diseases of the spinal cord and its membranes, of the medulla, and lastly of the brain and its membranes, with a final chapter on neuroses, with neurasthenia in an appendix.